

February 3, 2016
Announcement 1069

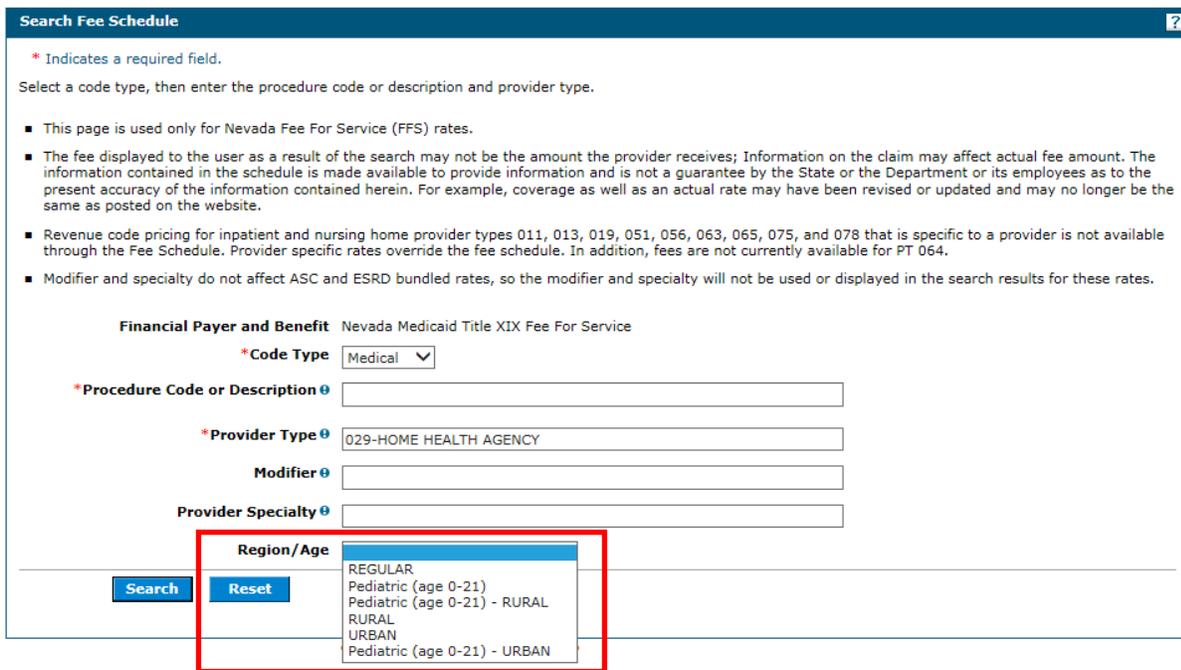
Attention Provider Types 10, 29, 45, 46 and 81: Search Fee Schedule Updated on the Provider Web Portal

On January 31, 2016, an enhancement was made to the Search Fee Schedule application to allow provider type (PT) 10 (Outpatient Surgery, Hospital Based), PT 29 (Home Health Agency), PT 45 (ESRD Facility), PT 46 (Ambulatory Surgical Centers) and PT 81 (Hospital Based ESRD Provider) to search for fees on the Provider Web Portal.

Provider Type “029-Home Health Agency”

If provider type “029-Home Health Agency” is entered, an optional “Region/Age” drop-down list will appear with the following selections:

- Regular
- Pediatric (age 0-21)
- Pediatric (age 0-21) – Rural
- Rural
- Urban
- Pediatric (age 0-21) – Urban



Search Fee Schedule ?

* Indicates a required field.

Select a code type, then enter the procedure code or description and provider type.

- This page is used only for Nevada Fee For Service (FFS) rates.
- The fee displayed to the user as a result of the search may not be the amount the provider receives; Information on the claim may affect actual fee amount. The information contained in the schedule is made available to provide information and is not a guarantee by the State or the Department or its employees as to the present accuracy of the information contained herein. For example, coverage as well as an actual rate may have been revised or updated and may no longer be the same as posted on the website.
- Revenue code pricing for inpatient and nursing home provider types 011, 013, 019, 051, 056, 063, 065, 075, and 078 that is specific to a provider is not available through the Fee Schedule. Provider specific rates override the fee schedule. In addition, fees are not currently available for PT 064.
- Modifier and specialty do not affect ASC and ESRD bundled rates, so the modifier and specialty will not be used or displayed in the search results for these rates.

Financial Payer and Benefit Nevada Medicaid Title XIX Fee For Service

*Code Type

*Procedure Code or Description

*Provider Type

Modifier

Provider Specialty

Region/Age

- REGULAR
- Pediatric (age 0-21)
- Pediatric (age 0-21) - RURAL
- RURAL
- URBAN
- Pediatric (age 0-21) - URBAN

This drop-down list can be used to filter the search results to only display the fee for the selected region/age.

Search without using Region/Age:

Financial Payer and Benefit Nevada Medicaid Title XIX Fee For Service

*Code Type Medical

*Procedure Code or Description G0151-HHCP-SERV OF PT,EA 15 MIN

*Provider Type 029

Modifier

Provider Specialty

Region/Age

Search Reset

Search Results Total Records: 5

Procedure	Provider Type	Provider Specialty	Modifier	Fee Amount	Age Restrictions	Effective Date
G0151-HHCP-SERV OF PT,EA 15 MIN	029-HOME HEALTH AGENCY	000-NO SPECIALTY		\$27.50	Pediatric (age 0-21) - RURAL	7/1/2009 - 12/31/9999
G0151-HHCP-SERV OF PT,EA 15 MIN	029-HOME HEALTH AGENCY	000-NO SPECIALTY		\$31.63	Pediatric (age 0-21) - URBAN	7/1/2009 - 12/31/9999
G0151-HHCP-SERV OF PT,EA 15 MIN	029-HOME HEALTH AGENCY	000-NO SPECIALTY		\$0.00	REGULAR	1/1/1980 - 6/30/2008
G0151-HHCP-SERV OF PT,EA 15 MIN	029-HOME HEALTH AGENCY	000-NO SPECIALTY		\$16.36	RURAL	1/1/1980 - 12/31/9999
G0151-HHCP-SERV OF PT,EA 15 MIN	029-HOME HEALTH AGENCY	000-NO SPECIALTY		\$14.03	URBAN	1/1/1980 - 12/31/9999

Search with using Region/Age:

Financial Payer and Benefit Nevada Medicaid Title XIX Fee For Service

*Code Type Medical

*Procedure Code or Description G0151

*Provider Type 029-HOME HEALTH AGENCY

Modifier

Provider Specialty

Region/Age URBAN

Search Reset

Search Results Total Records: 1

Procedure	Provider Type	Provider Specialty	Modifier	Fee Amount	Age Restrictions	Effective Date
G0151-HHCP-SERV OF PT,EA 15 MIN	029-HOME HEALTH AGENCY	000-NO SPECIALTY		\$14.03	URBAN	1/1/1980 - 12/31/9999

Provider Types 10 and 46

PT 10 and PT 46 providers can search for ASC bundled rates. Modifier and specialty do not affect ASC and ESRD bundled rates, so the modifier and specialty will not be used or displayed in the search results for these rates. See below.

“Provider Type 010”

Financial Payer and Benefit Nevada Medicaid Title XIX Fee For Service

*Code Type Medical

*Procedure Code or Description 10120

*Provider Type 010

Modifier

Provider Specialty

Search Reset

Search Results Total Records: 1

Procedure	Provider Type	Provider Specialty	Modifier	Fee Amount	Age Restrictions	Effective Date
10120-REMOVE FOREIGN BODY	010-OUTPATIENT SURGERY,HOSP BASED			\$499.50		1/1/1980 - 12/31/9999

“Provider Type 046”

Financial Payer and Benefit Nevada Medicaid Title XIX Fee For Service

*Code Type

*Procedure Code or Description

*Provider Type

Modifier

Provider Specialty

Search Results Total Records: 4

Procedure	Provider Type	Provider Specialty	Modifier	Fee Amount	Age Restrictions	Effective Date
10120-REMOVE FOREIGN BODY	046-AMBULATORY SURGICAL CENTERS			\$399.60		7/1/2013 - 12/31/9999

Provider Types 45 and 81

PT 45 and PT 81 providers can search for ESRD and non-ESRD rates. Modifier and specialty do not affect ASC and ESRD bundled rates, so the modifier and specialty will not be used or displayed in the search results for these rates. See below.

“Provider Type 045-ESRD Facility” ESRD Rate

Search Fee Schedule ?

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- Revenue code pricing for inpatient and nursing home provider types 011, 013, 019, 051, 056, 063, 065, 075, and 078 that is specific to a provider is not available through the Fee Schedule. Provider specific rates override the fee schedule. In addition, fees are not currently available for PT 064.
- Modifier and specialty do not affect ASC and ESRD bundled rates, so the modifier and specialty will not be used or displayed in the search results for these rates.

Financial Payer and Benefit Nevada Medicaid Title XIX Fee For Service

*Code Type

*Procedure Code or Description

*Provider Type

Modifier

Provider Specialty

Search Results Total Records: 1

Procedure	Provider Type	Provider Specialty	Modifier	Fee Amount	Age Restrictions	Effective Date
90999-DIALYSIS PROCEDURE	045-ESRD FACILITY			\$277.91		1/1/2003 - 12/31/9999

“Provider Type 081-Hospital Based ESRD Provider” ESRD Rate

Search Fee Schedule ?						
<p>* Indicates a required field.</p> <p>Select a code type, then enter the procedure code or description and provider type.</p> <ul style="list-style-type: none"> This page is used only for Nevada Fee For Service (FFS) rates. The fee displayed to the user as a result of the search may not be the amount the provider receives; Information on the claim may affect actual fee amount. The information contained in the schedule is made available to provide information and is not a guarantee by the State or the Department or its employees as to the present accuracy of the information contained herein. For example, coverage as well as an actual rate may have been revised or updated and may no longer be the same as posted on the website. Revenue code pricing for inpatient and nursing home provider types 011, 013, 019, 051, 056, 063, 065, 075, and 078 that is specific to a provider is not available through the Fee Schedule. Provider specific rates override the fee schedule. In addition, fees are not currently available for PT 064. Modifier and specialty do not affect ASC and ESRD bundled rates, so the modifier and specialty will not be used or displayed in the search results for these rates. 						
<p>Financial Payer and Benefit Nevada Medicaid Title XIX Fee For Service</p> <p>* Code Type <input type="text" value="Medical"/></p> <p>* Procedure Code or Description <input type="text" value="90999"/></p> <p>* Provider Type <input type="text" value="081-HOSPITAL BASED ESRD PROVIDER"/></p> <p>Modifier <input type="text"/></p> <p>Provider Specialty <input type="text"/></p>						
<p><input type="button" value="Search"/> <input type="button" value="Reset"/></p>						
Search Results						
						Total Records: 1
Procedure	Provider Type	Provider Specialty	Modifier	Fee Amount	Age Restrictions	Effective Date
90999-DIALYSIS PROCEDURE	081-HOSPITAL BASED ESRD PROVIDER			\$277.91		1/1/2003 - 12/31/9999

“Provider Type 045-ESRD Facility” Non-ESRD Rate

Search Fee Schedule ?						
<p>* Indicates a required field.</p> <p>Select a code type, then enter the procedure code or description and provider type.</p> <ul style="list-style-type: none"> This page is used only for Nevada Fee For Service (FFS) rates. The fee displayed to the user as a result of the search may not be the amount the provider receives; Information on the claim may affect actual fee amount. The information contained in the schedule is made available to provide information and is not a guarantee by the State or the Department or its employees as to the present accuracy of the information contained herein. For example, coverage as well as an actual rate may have been revised or updated and may no longer be the same as posted on the website. Revenue code pricing for inpatient and nursing home provider types 011, 013, 019, 051, 056, 063, 065, 075, and 078 that is specific to a provider is not available through the Fee Schedule. Provider specific rates override the fee schedule. In addition, fees are not currently available for PT 064. Modifier and specialty do not affect ASC and ESRD bundled rates, so the modifier and specialty will not be used or displayed in the search results for these rates. 						
<p>Financial Payer and Benefit Nevada Medicaid Title XIX Fee For Service</p> <p>* Code Type <input type="text" value="Medical"/></p> <p>* Procedure Code or Description <input type="text" value="90688-FLU VACC 4 VAL 3 YRS PLUS IM"/></p> <p>* Provider Type <input type="text" value="045-ESRD FACILITY"/></p> <p>Modifier <input type="text"/></p> <p>Provider Specialty <input type="text"/></p>						
<p><input type="button" value="Search"/> <input type="button" value="Reset"/></p>						
Search Results						
						Total Records: 1
Procedure	Provider Type	Provider Specialty	Modifier	Fee Amount	Age Restrictions	Effective Date
90688-FLU VACC 4 VAL 3 YRS PLUS IM	045-ESRD FACILITY	000-NO SPECIALTY		\$13.74	REGULAR	3/1/2014 - 6/30/2015

“Provider Type 081-Hospital Based ESRD Provider” Non-ESRD Rate

Search Fee Schedule ?

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Financial Payer and Benefit Nevada Medicaid Title XIX Fee For Service

***Code Type**

***Procedure Code or Description**

***Provider Type**

Modifier

Provider Specialty

Search Results

Total Records: 1

Procedure	Provider Type	Provider Specialty	Modifier	Fee Amount	Age Restrictions	Effective Date ▼
Q3014-TELEHEALTH FACILITY FEE	081-HOSPITAL BASED ESRD PROVIDER	000-NO SPECIALTY		\$24.24	REGULAR	12/1/2015 - 12/31/9999